STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515065	A. Building B. Wing	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Care Center	107 Miller Drive Ripley, WV 25271

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on record review and staff interview, the facility failed to assess and review significant weight loss and failed to obtain weekly weights per recommendation of Registered Dietician and the risk management. The facility failed to assess and provide care to a resident with significant weight loss. This deficient practice was identified for one(1) out of three(3) residents with reported weight losses. Resident identifier #28. Facility census: 106 Findings included; a) Resident #28 This resident was identified to have significant weight loss as documented in the Registered Dietician (RD) notes as follows, 1 month: 08/02/25- 144 pounds(#) (8#, 5. 6%), 3 month: 06/02/25 149# (12.6#, 8.5%), 6 month: 3/4 162# (26#, 16%). The RD recommended double portions and check weights every 4 weeks. On 10/15/25 at 12:25 PM the Director of Nursing (DON) verified that weights were not completed. The DON stated I don't have an answer, weekly weights fall off when stable. Weights were as follows 10/02/25 140.2 pounds(#), 08/02/25 144#, 06/02/25 149#, and 03/04/25 162#. The facility failed to provide evidence that the physician or responsible person was notified of the significant weight loss.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, resident interview, observation and record review, the facility failed to ensure menus were being followed, prepared in advanced and meet the resident's nutritional needs. This failed practice had the potential to affect more than a limited number of residents. FACILITY:FACILITY. Facility Census: 106. Findings included:a) The facility's policy and procedure for Kitchen Weights and Measurements stated, Food Services Staff will be trained in proper use of cooking and serving measurements to maintain proper portion control. The procedures and guidance included staff training in weights and measures, recipes will will specify specific measurement guidelines, serving utensils will be consistent with measurement used and the Food Service Supervisor will ensure cooks prepare the appropriate amount of food for the number of servings required. b) On 10/14/2025 at 11:45 AM, the [NAME] #119 and Acting Dietary Manager #72 were unable to produce a production sheet serving size and scoop size to the state surveyor upon request. [NAME] #119 reported she was just guessing and trying to get the servings in the 'ballpark'. The cook stated she did not have the right scoop size and serving sizes were not accurate, but I try with what I got Serving scoops were not completely filled for rice, broccoli, Brussel sprouts and chicken. [NAME] #119 confirmed the scoops were not filled completely, but continued to serve inconsistent scoops throughout the entire lunch service. On 10/14/2025 at 11:56 AM, [NAME] #119 consumed the scoops were not completely filled and stated, Okay .yeah.c) On 10/14/2025 at 12:35 PM, a resident requested more broccoli in the dining room prior to the four halls being served. Cook#119 did not serve because she did not have enough. The resident requested more broccoli and staff reported he would not eat the Brussel sprouts. The cook stated, I have very little left. and offered rice or sprouts. The staff reported she could not get him to eat the rice. and they would try a little bit more chicken.d) On 10/14/2025 atA12:05 PM , the State Surveyor asked the serving size of the chicken breast and [NAME] #119 stated, I think four (4) ounces. The serving sizes of chicken for some residents was a whole breast while some residents received approximately a half of chicken breast which was smaller than palm size (approximately a three (3) ounce serving) Serving size was observed by two state surveyors and confirmed by the Acting Dietary Manager. Medline Plus Medical Encyclopedia stated, one serving of meat or poultry is the size of the palm of your hand or a deck of cards.e) O 10/14/2025 at 12:59, the kitchen ran out of chicken, broccoli and pureed broccoli. [NAME] #119 reported to Acting Dietary Manager #72, I don't think we are going to have enough chicken, and [NAME] - [NAME] stated, No, that was all the chicken I cooked. [NAME] asked about serving yesterday's meatloaf and [NAME] replied, No, that was all chopped. [NAME] #73 went to the freezer and got hamburger and began frying the hamburger patties. The substitution was made without a Registered Dietician consult/approval.f) On 10/14/2025, the facility did not have the current menu posted. The menus posted were from the previous day, 10/13/2025, in the dining room, and hallways On 10/14/2025 the Administrator confirmed no menus were posted, but had been taken down down because there had been a change.g) On 10/14/2025 at 04:15 PM, an anonymous person reported to the state surveyor menus are posted once in awhile and it is usually different than what is posted and the residents are not informed of menu changes. A daily facility information sheet given to the residents was shown to the state surveyor for 10/14/2025 which stated [NAME] Chicken, [NAME] Rice, California Blend Vegetable and Gelatin Jewels were to be served. The resident received Brussel sprouts and lemon pudding. The top of the resident's information sheet stated, *Lunch and Dinner menu are subject to change*h) On 10/14/2025, the menu given to the state surveyor was [NAME] Chicken, [NAME] Rice, California Blend Vegetables and Gelatin Jewels. At 11:45 AM, the lunch meal observed by the state surveyor consisted of Chicken, [NAME] Rice, Brussel Sprouts, Broccoli, Mashed Potatoes, Leftover Meatloaf from 10/13/2025 and pudding. Dietary Aide #7 reported lemon pudding and leftover chocolate pudding from yesterday were being served for dessert i) Six (6) months of Resident Council Meeting minutes were reviewed. On 03/18/2025, meeting minutes stated a resident received penne and green beans, but the menu said spaghetti and veggies(too much green beans). On 06/17/2025, meeting minutes stated there was no person to lead the food meeting and the food listed on the menu is not what is being provided. On 07/22/202, meeting minutes stated council members reported they did not receive July's meal of the month. On 09/16/2025, meeting minutes sated new business included the poor meals were being served and four cookouts had been scheduled and there had been no cookouts. The residents requested the Dietician and kitchen manager to attend the next scheduled meeting on 10/21/2025 j) The facility's policy and procedure

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on resident interview, record review and observation, the facility failed to ensure the residents were served food that was palatable, attractive and at a safe and appetizing temperature. This failed practice had the potential to affect more than a limited number of residents. Resident Identifier: #86. Facility Census: 106. Findings included:a) On 10/14/2025 at 12:45 PM, Resident was observed to receive her tray that had been left uncovered in the main dining room since12:05 PM. The resident was not seated at the table when her tray was served by staff. The resident came into the dining room at 12:45 PM and began eating her food. Staff did not offer to heat or cut up her food. The resident stated it was cold and difficult to chew, The resident was offered a new, hot plate by the state surveyor and was accepted. Nursing was notified and the temperature of the resident's tray was taken by the Director of Nursing. Temperatures were as follows:Brussel Sprouts - 65 degreesLemon Pudding - 68 degreesRice - 68 degreesChicken - 79 degreesThe facility's policy and procedure for Food Preparation and Service stated that temperature above 41 degrees and below 135 degrees are in the danger zone.b) On 10/14/2025, an anonymous interview was completed. The person reported food is overcooked frequently and a poor quality of food is served. It was reported the food is cold and never warm; and coffee is so cold that it won't dissolve the creamer.c) On 10/15/2025 at 11:30 AM, a tray consisting of lasagna, garlic bread stick, house salad and chocolate cake with icing was provided for the state surveyors to taste. The garlic bread was judged to be dry and crunchy and a hair was found baked into the chocolate cake. At 11:40 AM, the Regional Dietary Manager confirmed the hair in the cake and stated, I'll take care of it.d) Resident Council Meeting minutes were reviewed. On 07/22/2025, the residents voiced concerns for the temperature, the portion size and toughness of the food.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, record review and staff interview, the facility failed to prepare food in the form to meet the individual needs of the resident as ordered by the physician. This failed practice had the potential to affect a limited number of residents. Resident Identifier: #71. Facility Census: 106.Findings included:a) Resident #71 was ordered a Mechanical Soft texture diet with nectar thickened liquids. The resident was care planned for a Regular Diet, Mechanical Soft texture and Nectar-like fluids.b) On 10.14.2025, Resident #71 was served a pureed lunch meal. [NAME] #119 reported a resident on a mechanical soft diet would get chopped broccoli. At 11:50 AM, Acting Dietary Manager #72 confirmed the tray was pureed consistency and the tray was sent to the dining room without any changes

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. Based on record review and observation , the facility failed to provide drinks consistent with the resident's needs and diet order. This failed practice had the potential to affect a limited number of residents. Resident Identifier: #39. Facility Census: 106.Findings included:a) Resident #39 had a physician's order for a puree diet and nectar consistency liquids. The resident's care plan stated to provide diet as ordered: Regular diet, puree texture, and Nectar liquids consistency.b) On 10/14/2025 at 12:40 PM, Dietary Aide #89 reported to the Director of Nursing the resident's drink was honey thick. The resident was given the honey thick liquid by the Director of Nursing (DON) in the dining room during the lunch meal. On 10/15/2025 at 11:16 AM, the resident's care plan was reviewed with the DON concerning the resident's consistency of liquids and that the resident received honey thickened liquids during the lunch meal the previous day.c) The facility's policy and procedure for thickened liquids stated that the order will specify the consistency of the resident's liquids and care plans will include the need for thickened liquids. The policy sated dietray cards will identify the need for thickened liquids and specify the consistency for the resident.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on staff interview, observation and record review, the facility failed to ensure food was prepared and served in a manner that prevents food borne illness to the residents. This failed practice had the potential to affect more than a limited number of residents. FACILITY:FACILITY.Findings included:a) On 10/12/2025 at 12:59 PM, the facility ran out of chicken and hamburger patties were substituted. [NAME] #73 went to the freezer and removed the hamburger patties and began frying them in a skillet.Cook #119 and [NAME] #73 did not take the temperature of the fried hamburger before placing it on the bun and placing it on the tray to be served to the residents The State Surveyor intervened and asked the cook to take the temperatures of two hamburger patties. The hamburgers patties straight from the stove top were tempt and were 149 degrees and 151 degrees. Food Safety. Gov stated beef should be cooked to 160 degrees and ground meat should be cooked to 165 degrees.b) [NAME] #119 told kitchen staff to put the two trays with the hamburgers that did not reach a safe temperature on the cart to be served down the D hallway. The State Surveyor intervened and the hamburgers were removed from the service cart and not served.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to ensure residents heating, ventilation and air conditioning (HVAC) filter was free of debris. This was true for one (1) of six (6) HVAC units observed on the A Hall. Room identifier: 126-2. Facility census: 106. Findings included: On 01/14/25 at 11:30 AM, in the presence of the Maintenance Director (MD), he confirmed that the filters in room [ROOM NUMBER] had gray dust bunnies covering both HVAC filters. When asked who was responsible for cleaning the filters, the MD stated that the Housekeeping Department was responsible for cleaning the filters on a weekly basis.An additional interview with the Director of Housekeeping at 11:40 AM on 10/14/25 confirmed both HVAC filters needed to be cleaned as they were covered in gray dust bunnies. She stated that she would take care of this.